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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	2051/00002		
First Named Inventor or Application Ide	entifier	Donald France et al.	9

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Title

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APPLICATION	ELEMENTS		ADDRESS TO:	Commissioner fo Box Applications Washington, D.C	, T
l Road	[Total Pages of the below] vention ited Applications of sponsored R & D Appendix tion vention Drawings (if filed) The Total Pages of the discrete of the below of the below of the below of the below of the discrete of the	es [21]] es [2]] es [2]] 11. es [2]] 13. inventor(s) 15. CFR 16. cx and supply the required putation-in-part (CIP) of Group/Art disclosure of the priscolosure of the according to the acc	Submission (if a.	for Amino Acid Sequapplicable, all necessed applicable, all necessed applicable, all necessed applicable, all necessed applicable form (CRF) applicable for CD-R (2 copies verifying identity of VING APPLICA (2 copies verifying identity of FORMATION (3 cover sheet & deformation (4 applicable) for Document (4 applicable) for Common	sistematical desiration is preference assary) sistematical desiration is preference assary) sistematical desiration is preference assary) sistematical desiration is preference assary)
	17.	CORRESPONDENC	E ADDRESS		
☐ Customer Number or Bar Code La	bel (Inser	t Customen Ne. or 2 here)		a correspondence	address below
NAME	Connolly Bove Lodge & Hutz LLP				
Suite 800					
ADDRESS	ADDRESS 1990 M Street, N.W.				
CITY	Washington	STATE	DC	ZIP CODE	20036-3425
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229

Fee Calculation and Transmittal NON-SMALL ENTITY SMALL ENTITY (Col 2) (Col 3) (Col 1) FEE NO. EXTRA RATE OR RATE FEE NO. FILED x18= TOTAL x9= minus = 0 \$0 12 20 \$40 x80= x40= INDEP 4 minus 3 = 1 _ First Presentation, Multiple Dependent Claims +135= +270= \$0 \$355 \$710 Base Filing Fee \$40 Other Fee (specify purpose) Assignment recordation \$435 OR TOTAL TOTAL FILING FEE* (accounting for possible small entity status)

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	A check in the ame	ount of \$ _ to cover the filing fee is enclosed
	No payment is end	losed at this time. Full payment will be made when the executed Declaration is submitted.
X	The Director is he copy of this sheet	reby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicatis enclosed.
	X	Charge the amount of \$435.00 as filing fee and Assignment recordation fee.
		Credit any overpayment.
	X	Charge any additional filing fees required under 37 CFR § 1.16
	X	Charge any additional filing fees required under 37 CFR § 1.17
	X	If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

Assignee Name and address:

U-PickIt.com, Inc. 32 Anna Avenue Bear, DE 19701

Name (Print/Type)	Morris Liss/	Registration I	No. (Attorney/Agent)	24,510
Signature	1/1/00-11	fins	Date	7/26/01